



## Healthy Lifestyle Fitness Camp

**Ages 10-14**

**June 27<sup>th</sup>, 2016 – August 5th, 2016**

**9:00am - 1:30pm Monday-Friday**

(Early drop off times available)

**Camp Office: Ted C. Wills Community Center**

**770 N. San Pablo Ave. Fresno, CA 93728**

**Phone: (559) 621-6738**

**Fax: (559) 488-1557**

### Application:

Camper's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Prefers to be called: \_\_\_\_\_

Gender: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age at camp: \_\_\_\_\_

School where child is currently enrolled: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

1. Who is the Parent/Guardian/Caregiver of this child?

Mother/Guardian's Name: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_; Cell (\_\_\_\_) \_\_\_\_\_;

Other (\_\_\_\_) \_\_\_\_\_

Father/Guardian's

Name: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_; Cell (\_\_\_\_) \_\_\_\_\_;

Other (\_\_\_\_) \_\_\_\_\_

2. Who has legal custody of this child? \_\_\_\_\_

3. I authorize the following person(s) to be contacted and give my permission to turn my child over to this person(s) in case of an emergency and I cannot be reached:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_; Cell (\_\_\_\_) \_\_\_\_\_; Other(\_\_\_\_) \_\_\_\_\_

4. Who is your child's doctor(s)?

Primary Care Provider's Name:

Address:

City, State, Zip:

Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

5. Does your child have any drug, latex, or other allergies (e.g. bee stings)? **Yes** **No**

If yes, please list allergies and describe the typical reactions and how they are treated:

6. Does your child have any food allergies (e.g. peanuts, milk)? **Yes** **No**

If yes, please list allergies and describe the typical reactions and how they are treated:

7. Does your child have any medical problems other than his/her primary illness (such as asthma, vision/hearing loss, diabetes, etc.)? **Yes** **No**

If yes, please describe:

8. Does Diabetes, Obesity, Heart Conditions, High Blood Pressure or any serious illnesses run in your family? **Yes** **No**

If yes, please describe:

**CAMPER WRITTEN RESPONSE:**  
(To be turned in with Application)

**The Healthy Lifestyle Fitness Camp will take up to 50 campers this summer. You are guaranteed to have a good time, make new friends and have a memorable summer but camp will be challenging at times. Healthy Lifestyle Fitness Camp is a very big commitment. Please use the space provided to tell us why YOU want to come to camp.**

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## WAIVER, RELEASE AND INDEMNITY AGREEMENT

### For The Healthy Lifestyle Fitness Camp

For and in consideration of permitting \_\_\_\_\_ (print participant name) to participate in **The Healthy Lifestyle Fitness Camp** and those activities, operations and/or functions associated with the event, in the City of Fresno, County of Fresno, and State of California, beginning on **June 27<sup>th</sup>, 2016 and ending on August 5th, 2016** the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions for personal injury, property damage or wrongful death occurring to him/herself arising as a result of observing, participating and/or engaging in activities, operations and/or functions or any incidental thereto wherever or however the same may occur and for whatever period said activities of **The Healthy Lifestyle Fitness Camp** (event) may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise from him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs executors, administrators and assigned prosecute, present any claim for personal injury, property damage or wrongful death against the City of Fresno and the Fresno County Office of Education or any of its officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise. IT IS THE INTENTION OF \_\_\_\_\_ (print participant name) BY THIS INSTRUMENT, TO HAVE AGREED TO THE ASSUMPTION OF THE RISK AND TO EXEMPT AND RELIEVE THE CITY OF FRESNO AND THE FRESNO COUNTY OFFICE OF EDUCATION, OR ANY OF ITS OFFICERS, AGENTS, SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH SUFFERED BY UNDERSIGNED CAUSED BY PASSIVE OR ACTIVE NEGLIGENCE.

The Undersigned, him/herself, his/her heirs, executors, administrators or assigns to hold harmless, indemnify and defend the City of Fresno, its officials, members, agents and employees against any claims, costs, damages, demands, liability and notices, or any of these, liability and notices, arising out of performance under this agreement regardless of whether the City of Fresno is actively negligent or passively negligent, except for those claims, costs, damages, demands, liability and notices, or any of these, caused solely by the negligence or willful misconduct of the City of Fresno. Additionally, the undersigned voluntarily consents to use of Participant's photograph, name, image and likeness (Recordings), and waives and releases City of Fresno from any and all claims, causes, damages, liabilities and/or actions arising there from and/or relating thereto, whatsoever, provided said use shall be for non-commercial purposes in connection with advertising, administrative, programmatic and promotional activities and materials. In connection therewith, Participant grants a royalty-free, irrevocable permission to use, reproduce, publish, broadcast and distribute the Recordings.

The Undersigned acknowledges that he/she has read the foregoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity, operation and/or function, and is fully aware of the legal consequences of signing the within instrument.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Telephone Number (in case of emergency) \_\_\_\_\_

## Parent and/or Guardian Agreement

In order to ensure your child's success while at camp, **one parent and/or guardian who lives in the house with the child will be required to attend parent health and nutrition classes one night a week (The same parent(s) for the full 6 weeks.)**. Since camp is free of charge, this commitment will be expected from parents and guardians.

Classes will be offered in English and Spanish. Starting June 28<sup>th</sup>, 2016. Classes will be held from 6:00pm-8:00pm. These classes will be interactive and fun. Parents will learn concepts that their children are being taught while at camp. This will ultimately lead to a healthier and more active lifestyle at home.

I \_\_\_\_\_ (Guardian Name) Agree to attend parent classes once a week for six weeks starting the week of June 28<sup>th</sup>, 2016 and ending the week of August 6<sup>th</sup>, 2016. I understand that my child may lose some privileges at camp if I do not regularly attend class.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### **Circle One:**

I will be attending Classes in English

I will be attending classes in Spanish

### **Lastly...**

Dates, Time, and Location of **English and Spanish** Parent Classes will be given during your interview. Participation in these classes is mandatory. Please make sure you can commit. **This is one of the most important parts of the program.**

You can either mail or drop off completed applications to:  
Ted C. Wills Community Center  
Attn: Healthy Lifestyle Fitness Camp  
770 N. San Pablo Ave. Fresno, CA 93728

**The Application, Waiver, and Parent Agreement need to be turned in ASAP**

**For any questions or concerns call: 621-6738**

\*Optional camping trips are available for limited number of campers in August.

\*\* Camp is limited to 50 participants.

**In order to potentially be selected for camp this year, the child and guardians must attend an interview during spring break with camp staff. We will contact you and schedule a date and time as soon as you turn in this application. Most interviews will be held over spring break.**

**Not everyone is guaranteed a spot. Campers will be selected through this interview process. Only 50 campers will be selected.  
Spots will fill quickly.**

**\*Medical release forms are not required to be completed but are highly recommended. This program is intense and highly active. Please make sure your child is prepared to be pushed to their limits.**

**Here is an example physical form for you:**

## MEDICAL INFORMATION

*(Suggested to be turned in before camp, at your earliest convenience)*

The following questions are to be completed by a health care provider. Please be as detailed as possible. If you do not have one, call 621-6740 and we may be able to find a doctor to complete the physical free of charge.

Today's Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(First) (MI) (Last)

Primary Diagnosis: \_\_\_\_\_

Name of Health Plan: \_\_\_\_\_

1. Drug Allergies and Reactions:

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2. Other allergies (e.g. bee stings, animals, food) and significance:

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### PHYSICAL EXAM

Ht \_\_\_\_\_ inches Weight \_\_\_\_\_ lbs BMI \_\_\_\_\_ BP \_\_\_\_\_

3. Pertinent Findings:

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4. MEDICATIONS: Please List name and for what condition:

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5. Does this child have any physical limitations or restrictions? **Yes No**

If yes, please explain:

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6. If diagnosis is asthma, please specify NIH classification:

Circle:

**Mild Intermittent/ Mild Persistent/ Moderate Persistent/ Severe Persistent**

Does child need to have an Inhaler at camp: **Yes or No**

7. Please list any surgeries:

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8. Please list any additional current medical problems or pertinent psychosocial information including any behavior problems that would affect the child's participation in a group (e.g. ADHD, depression, etc.).

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9. Does this child have braces or other mobility issues? **Yes**      **No**

If yes, please explain:

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10. Is the child developmentally appropriate for his/her age? **Yes**      **No**

If NO, at what (approximate) age does child function? \_\_\_\_\_

11. Has the child ever had the chicken pox, shingles, or received the Varicella vaccine?

**Yes**      **No**      Date of diagnosis or vaccination: \_\_\_\_\_

**Physician's Statement:** I have examined \_\_\_\_\_ and find him/her physically able to attend camp and participate in all sports and activities.

Comments:

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Signature of Provider/Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Clinic Name Hospital Affiliation: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Office Phone

(\_\_\_\_\_) \_\_\_\_\_

Emergency Phone